

6 - sept - 2022
RECIBIDO
A: Secretario (Clerk's office)
Cuento explicativa el porque
de mi tardanza en enviar documentos
solicitados relacionados con la
ley 96

Mis razones son las siguientes,
labore como empleada del Departamento
de educación de Puerto Rico por un
periodo de 28 años.

Actualmente tengo una edad de 73 años
y vivo sola. mi salud a ido deteriora-
ndo; físicamente, emocionalmente y
mentalmente. actualmente recibo trata-
miento médico para las diferentes causas.

Reconozco que he recibido correspon-
dencia relacionada con el caso.

Debido a la situación de la
pandemia del Covid y otras causas
físicas no me han permitido salir
a gestionar muchos de mis asuntos
personales, por miedo hacer una
víctima mas de este terrible Virus.
ya que mi sistema inmune esto
comprometido.

Pido disculpa y espero que se considere
mi caso.

Atentamente;
Lydia M. Ortiz

Gracias Anticipadas

Proof of Claim: 157302

Claimant: Jimenez Santiago, Lydia E.

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☒ Other (Provide as much detail as possible below. Attach additional pages if needed.)

Ley 96

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Depto. Educación de P.R.



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3(b). Identify the dates of your employment related to your claim:

1982-2010

3(c). Last four digits of your social security number: 4480

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☒ No.
- ☐ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

4(b). Identify the name and address of the court or agency where the action is pending:

4(c). Case number: _____

4(d). Title, Caption, or Name of Case: _____

4(e). Status of the case (pending, on appeal, or concluded): _____

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? _____



IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Jimenez Santiago, Lydia E.	157302	07/05/2018	Commonwealth of Puerto Rico	\$3,600.00
Treatment:	Claim to be Disallowed			
Reason:	Proof of claim is associated with an incomplete administrative file. Claimant failed to respond to multiple mailings requesting information necessary to complete the claimant's administrative file, and informing claimant that ongoing failure to respond would force Debtor(s) to object to the proof of claim.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Jimenez Santiago, Lydia E.	157302	07/05/2018	Commonwealth of Puerto Rico	\$3,600.00
Tratamiento:	Reclamo a ser desestimado			
Base para:	La Evidencia de Reclamo está relacionada con un expediente administrativo incompleto. El demandante no respondió a muchos correos donde se le solicitaba información necesaria para completar su expediente administrativo; informar al demandante sobre la falta permanente de una respuesta podría obligar al/a los Deudores a objetar la evidencia de reclamo.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.ra.kroll.com/puertorico/>. If you have questions, please contact Kroll Restructuring Administration LLC (formerly known as Prime Clerk LLC) at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.ra.kroll.com/puertorico/>. Si tiene alguna pregunta, comuníquese con Kroll Restructuring Administración LLC (anteriormente conocido como Prime Clerk LLC) llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

L E A

*****CUST PR 1845 SRF 63382 PackID: 103 ADRID: 4091095 SVC: 504 Omni
Jimenez Santiago, Lydia E.
Ext Villa Rita
Calle 27 EE9
San Sebastian, PR 00685**

FORMULARIO DE RESPUESTA DEL RECLAMANTE

Claim No. 157302

Creditor Name: Jimenez Santiago, Lydia E.

(1) Nombre Completo	Lydia E. Jimenez Santiago
(2) Número de teléfono	787-896-5148
(3) Número de empleado	SS - - 4480
(4) Agencia para la cual trabaja(ó) y fecha. Si usted fue empleado en más de una agencia, por favor identifique la agencia o agencias relacionadas a su reclamación y las fechas en que estuvo empleado por cada agencia.	Depto. Educación de P.R.
(5) Correo electrónico	Lydia Jimenez 2019 LS@gmail.com
(6) Número de seguro social (últimos cuatro dígitos)	4480
(7) Número de caso administrativo o judicial, si aplica.	Incluya número de caso administrativo y/o judicial, si alguno, que haya radicado y que esté directamente relacionado a los beneficios reclamados en la Evidencia de Reclamación (Proof of Claim)
(8) Describa en detalle la naturaleza de su reclamación y los fundamentos por los cuales usted cree que tiene derecho al beneficio reclamado. Incluya páginas adicionales si es necesario.	Como maestra retirada después de 28 años de servicio en escuela elemental, tengo derecho a recibir los beneficios de varias leyes sobre aumento de salario y pagos retroactivos que no me han pagado.

*** Attach any supporting documentation you may have related to your claim. ***

LEA



170328300195358

Claim No. 157302

Creditor Name: Jimenez Santiago, Lydia E.

(1) Full Name	
(2) Telephone Number	
(3) Employee Number	
(4) Agency and Dates of Service (if you have been employed by more than one agency, or agencies related to your claim, include dates of employment at each agency).	
(5) Personal Email Address	
(6) Social Security Number (last four digits).	
(7) Case File Number, if applicable	<i>(This includes any administrative and/or judicial complaint you filed in connection with the employee status/benefits requested in your Claim, other than the Title III case.)</i>
(8) Describe in detail the nature and basis of your Claim. Please add additional pages, if needed. Include the nature of the claim and detail the reasons why you believe you are entitled to such benefit/stipend/wage increase/incentive	

*** Attach any supporting documentation you may have related to your claim. ***



170328300195358